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PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (a)) required)

Attorney Docket Number	9579-14/MG
First Named Inventor	Gary Levy
COMPLETE IF KNOWN	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	Not Assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Methods of Modulating Immune Coagulation

the specification of which

(Title of the Invention)

 Is attached hereto

OR

 was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number and was examined on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(e) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			YES	NO
PCT/CA98/00475	Canada	05/15/98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/046,537	15/05/97	<input type="checkbox"/>
60/061,684	10/10/97	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. t20 of any United States application(e), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT International application numbers are listed on a supplemental priority date sheet PTO/SB/02B attached hereto.
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number **1059** → Place Customer Number Bar Code Label here
 OR
 Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Daniel R. Baraskin	22,257	H. Samuel Frost	31,656
Richard J. Perr	22,636	Philip Mandas da Costa	33,106
H. Roger Hart	26,426	Robert B. Storey	33,106
David W.R. Langton	27,747	John R. Rudolph	38,003
C. Lloyd Sarginson	29,245	Robin L.A. Costar	38,016
Timothy J. Sinnott	31,063	Michael E. Charles	38,036

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.
Direct all correspondence to: Customer Number **1059** → Correspondence address below

Name	Bereskin & Parr				
Address	Box 401				
Address	40 King Street West				
City	Toronto	State	Ontario	ZIP	M5H 3Y2
Country	Canada	Telephone	(416) 364-7311		
		Fax	(416) 361-1398		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned Inventor						
Given Name (first and middle if any)			Family Name or Surname				
Gary	Levy						
Inventor's Signature						Date	
Residence: City	Thornhill	State	Ontario	Country	Canada	Citizenship	Canadian
Post Office Address	260 Handanson Avenue						
Post Office Address							
City	Thornhill	State	Ontario	ZIP	L3T 2M2	Country	Canada

Additional Inventors are being named on the **1** supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)

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DECLARATION

**ADDITIONAL INVENTOR(S)
Supplemental Sheet**

Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
David A.		Clark						
Inventor's Signature							Date	
Residence: City	Burlington	State	Ontario	Country	Canada	Citizenship	Canadian	
Post Office Address	444 Smith Avenue							
Post Office Address								
City	Burlington	State	Ontario	ZIP	L7R 2V1	Country	Canada	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
Inventor's Signature							Date	
Residence: City		State		Country		Citizenship		
Post Office Address								
Post Office Address								
City		State		ZIP		Country		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
Inventor's Signature							Date	
Residence: City		State		Country		Citizenship		
Post Office Address								
Post Office Address								
City		State		ZIP		Country		

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PTO/SB/02C (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
veid OMB control number.

DECLARATION		REGISTERED PRACTITIONER INFORMATION (Supplemental Sheet)	
Name	Registration Number	Name	Registration Number
Micheline Gravelle	40,261	Robert H.C. MacFarlane	40,366
Andrew I. McIntosh	40,453	Stephen M. Beney	41,563
Shawn D. Jacka	43,379		

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NOV 1999 12:08 NO. 020 P.04

Applicant or Patentee: Gary Levy and David A. Clark
 Serial or Patent No.: N/A
 Filed or Issued: N/A
 For: Methods of Modulating Immune Coagulation

Attorney's Docket No.: 9579-14

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
 (37 CFR 1.9(f) and 1.27(b)) - INDEPENDENT INVENTOR**

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled Methods of Modulating Immune Coagulation described in

the specification filed herewith
 PCT application serial no. PCT/CA98/00475, filed May 15, 1998
 patent no. _____ issued _____

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(u).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

no such person, concern, or organization
 persons, concerns or organizations listed below:

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention according to their status as small entities. (37 CFR 1.27)

FULL NAME Transplantation Technologies Inc.ADDRESS 621 University Avenue NU-10-151, Toronto, Ontario, MSG 2C4, Canada

INDIVIDUAL SMALL BUSINESS CONCERN NONPROFIT ORGANIZATION

FULL NAME _____

ADDRESS _____

INDIVIDUAL SMALL BUSINESS CONCERN NONPROFIT ORGANIZATION

FULL NAME _____

ADDRESS _____

INDIVIDUAL SMALL BUSINESS CONCERN NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF INVENTOR

David A. Clark

David A. Clark

Signature of Inventor

Applicant or Patentee: Gary Levy and David A. Clark

Serial or Patent No.: N/A

Filed or Issued: N/A

For: Methods of Modulating Immune Coagulation

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) and 1.27 (c)) - SMALL BUSINESS CONCERN**

I hereby declare that I am

the owner of the small business concern identified below:
 an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF CONCERN Transplantation Technologies Inc.

ADDRESS OF CONCERN 621 University Avenue, NU-10-114, Toronto, Ontario, M5G 2C4, Canada

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled Methods of Modulating Immune Coagulation by inventors Gary Levy and David Clark described in

the specification filed herewith
 PCT application serial no. PCT/CA98/00475, filed May 15, 1998
 patentno. _____ issued _____

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(c) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e). *NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

NAME _____

ADDRESS _____

INDIVIDUAL SMALL BUSINESS CONCERN NONPROFIT ORGANIZATION

NAME _____

ADDRESS _____

INDIVIDUAL SMALL BUSINESS CONCERN NONPROFIT ORGANIZATION

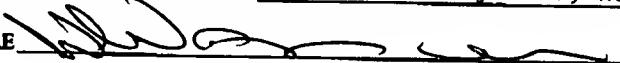
I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28 (b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING Dr. Willem Wassenaar

TITLE OF PERSON OTHER THAN OWNER Chief Operating Officer

ADDRESS OF PERSON SIGNING 621 University Ave., NU-10-114, Toronto, ON M5G 2C4

SIGNATURE 

DATE Nov 9/99

Applicant or Patentee: Gary L. Clark and David A. Clark

Serial or Patent No.: N/A

Filed or Issued: N/A

For: Methods of Modulating Immune Coagulation

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) and 1.27(b)) - INDEPENDENT INVENTOR**

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled Methods of Modulating Immune Coagulation described in

the specification filed herewith
 PCT application serial no. PCT/CA98/00475, filed May 15, 1998
 patent no. _____ issued _____

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

no such person, concern, or organization
 persons, concerns or organizations listed below*

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

FULL NAME Transplantation Technologies Inc.

ADDRESS 621 University Avenue, NU-10-151, Toronto, Ontario, M5G 2C4, Canada

INDIVIDUAL SMALL BUSINESS CONCERN NONPROFIT ORGANIZATION

FULL NAME _____

ADDRESS _____

INDIVIDUAL SMALL BUSINESS CONCERN NONPROFIT ORGANIZATION

FULL NAME _____

ADDRESS _____

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I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF INVENTOR

Gary Levy

Signature of Inventor